

05/05/04

2652

| | | | | | |
|--|-------------------------------------|-----------------------------|--|--|-------------------|
| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | Docket No. 04995/023001 | |
| Applicant(s): Kunio SAWAI | | | | MAY 04 2004 | |
| Serial No. 09/938,172 | Filing Date August 23, 2001 | Examiner Tianjie Chen | Group Art Unit 2652 | | |
| Invention: MAGNETIC TAPE DEVICE | | | | | |
| <u>TO THE COMMISSIONER FOR PATENTS:</u> | | | | RECEIVED MAY 07 2004 Technology Center 2600 | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 4 - | 20 = | 0 x | \$18.00 | \$0.00 |
| INDEP. CLAIMS | 3 - | 3 = | 0 x | \$86.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |
| <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0591 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. | | | | | |
| Jonathan P. Osha, Reg. No. 33,986 OSHA & MAY L.L.P. One Houston Center, Suite 2800 1221 McKinney Street Houston, Texas 77010 Telephone: 713/228-8600 Facsimile: 713/228-8778 | | | Dated: 5/4/04 <div style="border: 1px solid black; padding: 5px; margin-top: 20px;"> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div> | | |

CC:

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): Kunio SAWAI

MAY 04 2004

Docket No.

04995/023001

Serial No.

09/938,172

Filing Date

August 23, 2001

Examiner

Tianjie Chen

Group Art Unit

2652

Invention:

MAGNETIC TAPE DEVICE

RECEIVED

I hereby certify that the following correspondence:

MAY 07 2004

Reply Under 37 CFR 1.111

Technology Center 2600

(Identify type of correspondence)

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

May 4, 2004

(Date)

Toni Hill

(Typed or Printed Name of Person Mailing Correspondence)

Toni Hill

(Signature of Person Mailing Correspondence)

EV421050555US

("Express Mail" Mailing Label Number)

Note: Each paper must have its own certificate of mailing.

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): Kunio SAWAI

MAY 04 2004

Docket No.

04995/023001

Serial No.

09/938,172

Filing Date

August 23, 2001

Examiner

Tianjie Chen

Group Art Unit

2652

Invention: **MAGNETIC TAPE DEVICE****RECEIVED**

I hereby certify that the following correspondence:

MAY 07 2004

Separate Letter to the Official Draftsperson

Technology Center 2600

(Identify type of correspondence)

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

May 4, 2004

(Date)

Toni Hill

*(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)*

EV421050555US

*("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**